



CAMHD Newsletter



*Christina M Donkervoet, M.S.N
Chief, CAMHD*

May 14 at the Honolulu Airport Hotel was an exciting and energizing day! The annual **Youth and Family Conference**, co-sponsored by Hawaii Families As Allies and CAMHD, offered Jade Moon as the keynote speaker for the group of family members. She spoke very eloquently about her experiences in caring for and advocating for her special needs child. All of the families and professionals attending were greatly moved and motivated by her story.

We were also fortunate to have the members of the National Youth Development Board present to share their experiences of being served by their public mental health systems. The youth came from California, Utah, Texas and Florida, and had experiences in child welfare

Chief's Message

systems, juvenile justice settings, substance abuse programs, and of course, multiple mental health settings. These youth shared what they have done in their home states to create meaningful ways for youth to advise and participate in system development and evaluation. These articulate young people compassionately taught us about our oversights and shortcomings in serving them and preparing them for adulthood. They willingly shared their wisdom about what we could do differently and more effectively to help more young people. First, and probably the hardest, they reminded us that we needed to listen to the them. Yes, I realize how simple that sounds. But, honestly reflect back on your individual and your agency's practice. How often have you asked for and genuinely listened to, and respected, what the young people have told you? As so stated by the President

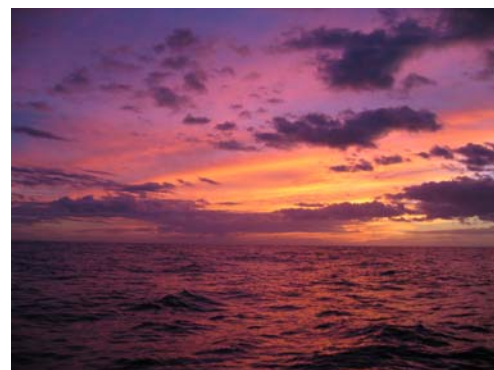
of the National Board, "Judge me by who I am today, not by my 20 inches of clinical record files. After all, how many of you would want to be judged, today, by what you did when you were 10 or 20 years old?"

If genuine engagement and listening is part of the routine practice in your agency, then hat's off to you!!! Unfortunately, I don't think that is where most of us, public and private, find ourselves. In my experience, professionals have become more comfortable and adept at engaging parents and guardians in the planning process, but much less so of youth. Many of us operate from the perspective of "asking" them... but then going ahead with what we wanted anyway. All of this, of course, is under the guise of because we, and per-

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KEY STAFF MEMBERS HIRED FOR SAMHSA GRANT TO ENHANCE RESIDENTIAL CARE

CAMHD is pleased to announce that we have hired two key people to staff our SAMHSA grant project: Tammie Noelani (Noe) Perreira, Psy.D. and Theodore (Ted) Knapp, Ph.D. Noe will be working as our Best Practice Specialist and Ted will be working as our Data and Evaluation Specialist. Now that our key grant positions are filled, plans are underway to launch a number of grant-funded activities.

The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a three-year grant to CAMHD, beginning in October 2004.

The purpose of the grant is to fund a project to enhance Residential Care programs for Children and Youth in Hawaii. The project will promote the use of positive alternatives to coercive behavior management methods in order to improve outcomes and minimize the use of seclusion and restraint.

CAMHD-contracted agencies that provide residential care programs will be invited to participate in the grant project in several ways:

1. By sending agency leaders and key residential program staff members to a free, intensive training on "Creating a Culture of Engagement in Residential Care," scheduled for **September 14th and 15th** at the Radisson Prince Kuhio Hotel in Wai-iki. Travel scholarships will be available for neighbor island agencies to attend. This training will be provided by a faculty of national experts, and organized by the National Technical Assistance Center (NTAC) of the National Association of

State Mental Health Program Directors (NASMHPD).

2. By joining a "Best Practices in Residential Care Network" which will meet at least twice a year and will maintain a member list-serve. The purpose of the network is to encourage peer support, sharing, and consultation among the clinical leaders of CAMHD-contracted residential programs.

The first meeting will be convened in the fall, after the NTAC training. Travel support again will be available.

Details about the September training and registration forms should have sent out to all providers in late June.

3. By receiving an intensive technical assistance intervention. Six agencies will be invited to participate in and receive consultation from a "Positive Alternatives Team" (PAT), which will work intensively with each of the six agencies for six months. PATs will spend significant time on-site and will conduct an in-depth assessment. Then, they will work with agency leaders to develop and deliver a detailed intervention. The six agencies will work together to determine the composition of the teams, with the grant providing stipends for release time for agency personnel who become team members.

For more information about the September training and registration forms, you can contact the project director, Lesley A. Slavin, Ph.D. by calling 733-9358 or e-mailing: laslavin@camhmis.health.state.hi.us.

Chief's Message, Cont.

haps, the family, "know better." We tell ourselves that they are too young, too unpredictable, too emotional, too "sick", too oppositional, and most often, we can't listen to them because we have listened to the parents. True. We are faced with listening to the legal guardian. But what do you think the chances are of success if the young person doesn't want it? Haven't we all seen sabotage? Haven't we all seen escape and elopement far too often?

I don't think that youth engagement is going to a magic bullet to achieving the outcomes that we all dream of, but it's not to be ignored either. I also don't think that systemically incorporating youth development is going to be easy, but I'm looking forward to developing a stronger youth voice to be heard in the communities, provider agencies and throughout CAMHD system

Currently, there is the Hawaii Youth Helping Youth (HYHY) Council, sponsored by HFAA that offers our young people the opportunity to share their experiences and ideas. Recently, HYHY developed 3 public service announcements that were shown at the conference and finalized. If you know of youth that may be interested in joining, please contact the HYHY at HFAA at 487-8785, or visit the HFAA website at hfaa.net.

CAMHD is also allocating federal block grant funding to establish a Young Adult Support Organization (YASO) to create

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Chief's Message, Cont.



an agency with the focus and vision of our young people entering adulthood. The YASO will specifically focus on transition and young adult issues, and offer young people the opportunity to participate in our system and offer support to one another. If you know of young people ages 16 years or older, please tell them they can contact Deborah Toth-Denis at 254-2976.

I offer you one last visualization exercise. Go with me for a moment. Picture yourself in a car (whatever color and style you want, but there needs to be a back seat). As the provider or support agency, imagine you are in the car with the child and family you are serving. Your "service" delivery is to get them safely to the location (think goal) of their choice.

Scenario 1: You are working with a family with an elementary school age child. Your role is to show the parent how to "drive the car" effectively, how to support their child along the ride, how to safely care for their child's unique needs. You have years of experience and many tools to help teach and guide them. At the same time, you are helping the child, who is sitting in the back safely strapped in a car seat, learn how to ride along in life safely, and manage themselves so that they can get to where they are going. At times, you choose whether you sit in the front seat driving, riding in the front passenger seat, or sitting in the back with the child.

Scenario 2: You are helping a youth in middle school and their

family. The family/parent are "driving the car" but maybe now you move to the back seat with the youth moving to the front passenger seat (still safely buckled of course). The youth needs to be able to watch what the parent does to manage this "car of life". You sit in the back seat guiding the parent, teaching them the skills and support they need to have a youth in the front seat and still control the "car." You work with the youth to learn from the parent and to develop skills so that someday soon, they can "drive." You are also helping that youth notice the different places there are to go in life.



Scenario 3: By high school, you, along with the family, provide the youth more and more of a chance to "drive the car". First you teach them how to "drive." And teach them to think about where their car is going so that they get to their desired point safely and timely, but also with an enjoyable ride. You support and guide the parent to sit in the passenger seat, guiding their child into being the successful "life driver". But...the car still belongs to the parent.

Eventually you might get out of

the car for awhile. You leave the parent in the passenger seat and maybe ask them to "stop by" and visit you to see how it's going.

Lastly, and the measure of success, the parent gets out of the car, and you stand together with parent to see the young adult drive off alone.

Now, think about your service planning and treatment planning process. What is the age of the youth you are working with? Where is the youth in that process? Do they know where they are going? Do they have the skills to drive safely?

Don't be surprised if there are accidents along the way. Many of us have had them, and hopefully, they'll be minor. Hopefully, we've provided the family with the skills to be the "safe stand" for them along the way. Success is not the absence of life's "minor accidents" but limited accidents. When accidents occur, the young adult knows how to handle them, may stop by to "check in", but heals and continues on their life journey.

Where is the youth voice in your agency? Where is the youth voice in our system?

Please join me in doing what we can to teach our young people how to be successful and safe drivers of their unique life journey. Let's be sure our focus is on giving them the skills they need for their journey, so that it can be an enjoyable one.

Kid's Behavioral Health Pu'ukamalu's Admission Process

In August of 2004, Pu'ukamalu's clinical team revised the admission process for youth entering treatment. The goal of this revision was to create a more collaborative and comprehensive planning process at the beginning of treatment to more effectively serve the individualized needs of youth.

Pu'ukamalu now initiates a **Pre-admission Meeting** to begin treatment planning prior to the youth's admission day. The Pre-admission Meeting provides an innovative and proactive element to the admission process by addressing the following issues:

- Gaps or misinformation in youth's history;
- Fragmentation among treatment team members about treatment needs;
- Diffuse or ambiguous discharge criteria and transition plans;
- Inconsistent or minimal involvement among treatment team members with essential roles;
- Anxiety and ambivalence among youth and/or family about entering a CBR program;
- Lack of current information on youth preferences for de-escalation and/or effective methods of intervention;
- Limited timeframe to train and prepare staff for specialized needs and high-risk behaviors of clients;
- Learned helplessness (among family/youth) due to a history of numerous placements with minimal success.

Prior to admission, the Mental Health Care Coordinator works collaboratively with Pu'ukamalu's Clinical Director to schedule a 90-minute meeting with the youth's external treatment team and representatives from Pu'ukamalu's nursing, clinical and educational staff. This meeting allows the team to provide comprehensive and current information

across all psychosocial domains as well as provide input into treatment planning. This meeting also includes participation by the youth and family, as well as related service providers supporting the youth while he or she is in treatment (e.g. probation officer, legal guardian, DOE representatives, care coordinator, previous therapist, GAL, etc.). In situations where it is not feasible or clinically appropriate for the youth to attend the Pre-admission Meeting, a service providers meeting is held along with an intake interview with the youth.

The preadmission process facilitates the following:

- **Eases anxiety about entering a new program.** An opportunity is provided for the youth, family members, and treatment team members to receive a description of Pu'ukamalu's program, have their questions answered about the program and to become familiar with Pu'ukamalu staff.
- **Collaboration on treatment goals, discharge criteria, and transition planning.** During the Pre-admission Meeting the youth, family, and treatment team members identify treatment goals (including goals for family therapy as indicated), and agree upon discharge criteria. The youth's anticipated length of stay and transition plan is also identified.
- **Clear expectations for the youth are established.** Prior to entering Pu'ukamalu the youth will clearly know what he/she is working towards while in treatment, what behaviors need to be shown to obtain clinical discharge and where they will be placed upon completion of the program.
- **Specialized planning for high-risk behaviors.** The youth, family and treatment team review all high-risk behaviors, identify triggers for the specific behaviors and

share interventions that may be helpful. The youth also completes a Trauma History and De-escalation Preference Form specifying interventions and techniques they find most or least helpful. Any specialized services that may be helpful for the youth or staff working with the youth are also reviewed and considered.

- **Proactive attempt to reduce the likelihood for the use of physical restraint.** The Trauma History and De-escalation Preference Form also addresses youth's past experiences with restraint and/or seclusion. If the youth has experienced restraint or seclusion in the past, these incidents are explored to assist with identifying potential triggers and effective interventions and techniques.
- **Role clarification and team building.** Treatment team members have an opportunity to get to know Pu'ukamalu staff, clarify their role in treatment and how they will be supporting the youth while he/she is in treatment. The frequency of treatment team meetings and importance of participation are also addressed during the Pre-admission Meeting. Any follow-up items are clearly delegated to appropriate team members.
- **Current and comprehensive psychosocial assessment.** Information is collected on youths strengths and interests; factors contributing to motivation for change; education and vocational needs; medical and psychiatric history; previous therapeutic services received and aspects found effective; family strengths and significant family history; substance use (including tobacco); developmental history; legal involvement; social behavior and preferences; cultural and religious identification; and spiritual needs. In addition, a Violence Risk Assessment, Inventory of Current Indicators of Emotional Disturbance, and Trauma History are completed.

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CAMHD Employee of the Quarter April—June 2005



Congratulations May Shindo

Hui Holomua is happy to announce the recipient of the CAMHD Employee of the Quarter. May Shindo is the Branch Secretary for the Central Oahu Family Guidance Center. On June 27, 2005, May will receive a \$50 gift card generously donated by EMT members and a certificate of appreciation signed by CAMHD Division Chief, Tina Donkervoet.

May was nominated by three different staff from her Family Guidance Center! May's contributions to CAMHD were well summarized on the nomination forms:

"During the course of developing a plan on how we wanted to track information, documents and key activities, we became aware that May Shindo had already started a tracking system that closely mirrored what we were envisioning. If you look at from the standpoint of an employee taking initiative and doing something exceptional for this past quarter, then this would qualify. Taking initiative is the kind of work May has done every day over the past 14 years. The part that cannot be measured is what she has meant to our program and the front office simply by being who she is. May should be recognized perhaps foremost for her attitude and professionalism. She comes to work every day ready to work and she does it so effectively. She never complains, she's respectful of all staff, she's kind and caring. She takes ownership for taking care of everyone, including visitors to our program, like what you might expect of a parent taking care of a household. May is a team player and she is an example of working effectively within one's role. As a clerk typist, she fulfilled that role exceptionally. Now as a Branch Secretary she is blossomed into this role and she sets the tone for the front office and our program. By her example of being so kind and caring, being a team player always willing to help others, coupled with being capable, competent, and proficient in all aspects of managing a front office, she makes us all better. May is an example of the unsung heroes of our FGC;s who work quietly behind the scenes, and oftentimes go unrecognized for the huge impact they have on our programs."

"She always thinks ahead and crates methods of tracking documents that are easily accessible to support the work of care coordinators and other staff. She realized how stressful their jobs can be so she tries to make it easier by offering her assistance without their having to ask. May has been recycling office supplies so nothing goes to waste. On her lunch hour she takes these items to the recycling center and is collecting the money to use for office functions. She does her work with satisfaction and is a good role model. The staff all love and respect her."

"I've worked with May close to two years. I have watched her come early to prepare for the staff meeting. I've watched her stay late to finish up typing minutes. She has consistently shown her dedication to the best of the team. She will sacrifice her time and efforts to assist others. If possible I would nominate her for employee of the year!"

"Because May is a humble person, she prefers to be in the background. Although I know she would feel uncomfortable being in the limelight, I feel it is time she is recognized for her many years of dedicated and selfless service. Please come to our office and meet her and you'll see what I mean."

Please join us in congratulating May!

P.S. The next Employee of the Quarter nominations will be due August 15. Everyone will receive an email message reminder so watch for this and be thinking of who you might want to nominate!

SAVE THESE DATES : September 14th and 15th

Creating Cultures of Engagement in Residential Care

Training provided by a faculty of national experts from the National Technical Assistance Center (NTAC),
National Association of State Mental Health Program Directors (NASMHPD)
Conference will be held at the Radisson Prince Kuhio Hotel in Waikiki

Youth with Sexualized Behavior & Conduct Disorder Special Interest Group

For the past few months, many of the CAMHD staff, providers, and stakeholders throughout the islands were introduced to the formation of a workgroup to begin in July for *Youth with Sexualized Behavior & Conduct Disorder Special Interest Group*. Brochures are available for interested parties. The primary focus is interdisciplinary collaboration.

The formation of these Special Interest Groups, which will follow evidence-based training-consultation models, is in response to the training on Youth with Sexualized Behavior provided by CAMHD during 2004. Previous training, case-consultations, program-consultation, stakeholder request and demonstrated need, has necessitated ongoing training and consultation system-wide regarding youth with conduct disorder, specifically youth who exhibit sexualized behavior.

We welcome your interest and participation!

The basic premise is this: there remains a consistent need to improve management of youth with high-risk behavior, both within and between levels of service. This includes transitions to the adult mental health system. The Practice Development Section of CAMHD is committed to tracking knowledge and practice change with all training. Therefore, an effort to promote building capacity in the field of people who work with these youth is being addressed through a new training-consultation model which evidenced-based practice will be disseminated.

This is an ***ongoing, monthly workgroup through December*** to address youth in our system who present with unique challenges with conduct disorder, especially sexualized behavior. Much of the preliminary conversation was about "who to send to this workgroup". Dr. Hartwell worked with each island community, who provided contacts so the most effective transfer of learning can take place back to the respective agencies. This has resulted in the common denominator of someone who has a combination of a clinical background and the positioning within the agency to bring the information back to share with others as part of training and consultation from CAMHD. Documentation of attendance is provided, with an overall goal of attendees receiving 18 hours of training in this area. The list of invitees includes a cross-systems collaborative effort to have each stakeholder represented who work with these youth and their families (i.e, CAMHD staff and providers, DOE, Family Court, CJC, DHS, Private Providers, etc.).

The workgroups are recurring monthly beginning in July and are scheduled through December with continuation of the workgroups in 2006 to be determined:

Region I- Oahu- 4th Wednesday every month- July 27- 9 am-12 pm
Region II-Hilo- 3rd Thursday every month-July 21- 9 am-12 pm
Region III-Kona/Waimea- 3rd Wednesday every month- July 20-1 pm-4 pm
Region IV- Maui- 4th Monday every month- July 25-9 am-12 pm
Region V- Kauai- 3rd Monday every month- July 18- 9 am-12 pm

For the purpose of facilitating an effective training and consultation group, I will be targeting participation between 20-30 attendees. For the consultation aspect of the workgroup, the team who is involved in the youth we are addressing that month will be invited guests, including family. If you have any further questions or need additional clarification about the workgroup, please contact me via email or 733-9183.

Lisa L. Hartwell, PsyD,RN
Best Practice Trainer / Behavior Specialist
Practice Development Section, Clinical Services Office, CAMHD

llhartwe@camhmis.health.state.hi.us (808)733-9183

RETIREMENT



sponse to the Felix Consent Decree.

Sharon Tomas, Branch Chief of the Kauai Family Guidance Center retired on June 30, 2005. Sharon was instrumental in the development of the Mokihana Project, which was established in 1995, in re-

The Mokihana Project is a collaboration between DOH Child and Adolescent Mental Health Division and the Department of Education, which provides an integrated model of mental health service delivery that emanates from a school-based mental health approach in the Kauai District Public Schools. The program continues to generate positive results for Youth and Families on Kauai. Sharon has given 16 years of service with an innovative and creative approach to meeting the mental health needs of her community. Her future plans are to play.... and go to the beach. She will be missed both by staff and families of the Kauai Family Guidance Center. We wish her well in whatever new adventures await her.

CAMHD Clinicians' Quarterly Meetings

Lesley Slavin & Al Arensdorf

In August 2004, Al as CAMHD Medical Director and Lesley as CAMHD Acting Chief Psychologist convened a system clinicians' open meeting. This meeting has been well received with active involvement of provider agency clinicians and CAMHD psychologists and psychiatrists. Topics discussed have included:

- changes in our system of care;
- joint management of elopements from out-of-home treatment;
- the roles of CAMHD psychologists and psychiatrists and their interface with agencies in co-management of the treatment of CAMHD families and youth;
- medication management issues;
- discussion and suggestions for a protocol for CAMHD clinician visits with programs and youth;
- the reduction of seclusion and restraint and enhancement of non-coercive treatment of youth; and
- opportunities for participation in Practice Development spe-

cial interest groups such as Lisa Hartwell's special interest group on Sexualized behaviors

In March, Lesley shared a PowerPoint presentation updating the group on the three year grant, the steps of implementation, the research component, the active participation of agencies in partnering, and the six core strategies which are the backbone of the process. This was the first meeting that included a consulting psychiatrist from a community residential program. Three other consultant clinicians expressed interest, but were unable to attend the March meeting. The group has put together a listserv for dissemination of evidenced-based clinical practices, consultation among clinicians, and general communications of interest.

The next **CAMHD Clinicians' Quarterly Meeting** is scheduled for **Tuesday, September 6, 2005**, from 1 to 3 pm prior to the EBS Committee meeting. All clinicians who work in CAMHD provider agencies are invited to attend – it would be great to have broader participation!! Place: Diamond

Kid's Behavioral Health, Cont.

- **Increased communication, preparation and training for direct care staff.** Pu'ukamalu has an internal multidisciplinary team (MDT) for each youth while they are in treatment comprised of the primary therapist, direct care staff primarily working with the youth, educational and nursing representatives. The notes from the Pre-Admission Meeting are reviewed in the youth's appropriate multidisciplinary team meeting prior to his/her day of admission. This provides a briefing for staff on youth preferences for de-escalation, youth specific high-risk behaviors, and specialized needs.

Pu'ukamalu's Pre-admission Meetings continue to be a work in progress, evolving to increase effectiveness yet offer flexibility to accommodate the busy schedules of treatment team members. It is our hope that these efforts will optimize treatment efficacy and better serve the youth and families of our commu-

CAMHD Clinicians' Quarterly Cont.

Head Health Center Rm 418. Interested clinicians may confirm attendance and share email for listserv with Deanne Fukumoto in CSO. She can be reached at 733-9855 or dmfukumo@camhmis.health.state.hi.us.



Welcome to New Staff

Central Administration

Ted Knapp – Research Statistician

Robert Hamamoto – Personnel Management Specialist

Johnelle Chon – Financial Resources Clerk

Tammie Perreria – CSO Restraints & Seclusion Specialist

William Beljeau – HI FGC MHCC IV

Sandra Dreschel – HI FGC MHCC IV

Rebecca Gavin – HI FGC MHCC IV

Earl Young – CO FGC MHS I

Diane Shepard – LO FGC SW/HSP

Roy Brooks – FCLB SW/HSP

Jenny Jacobs- MI FGC MHCC IV

Cherish Mexia – KI FGC MHCC IV



Event of Note

Virginia Shaw will be presenting “Navigating the pathways to Hawaii’s system of care: Exploring the evidence-based service links between youth, families and communities.” Research and Training Center on Family Support and Children's Mental Health, 12th Annual Building on Family Strengths Conference - a National Conference on Research and Services in Support of Children and their Families, Portland State University, Portland, OR, June 22-25, 2005



Congratulations to **Gina-Marie Olarti**, Secretary II at the Leeward Oahu FGC for receiving the Sustained Superior Performance Award which was presented to her on June 2, 2005 at the State Capitol. Gina has been with the State for ten years and with LOFGC for six during which time she has consistently put forth exemplary effort and uniformly produced excellent results.



Christina M. Donkervoet, M.S.N.
Chief CAMHD

Alfred M. Arensdorf, M.D.
Medical Director

The CAMHD Newsletter is published bi-monthly by the Child and Adolescent Mental Health Division. It is provided for informational purposes only. Please send comments and questions to Ku'ulei Wilton, Provider Relations at (808) 733-9857 or hkwilton@camhmis.health.state.hi.us.

Please visit us on the Internet at
www.hawaii.gov/health/mental-health/camhd/index.html

Child and Adolescent Mental Health Division provides timely and accessible mental health services to emotionally disturbed youth and their families within a system of CASSP Principles and evidence-based practice, with a commitment to continuous monitoring and evaluation for effectiveness and efficiency.

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